

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																					
1 Date of Request: <u>05/19/05</u>		2 Serial/Patent # <u>10/526316</u>																																																			
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 5%;"></td><td style="width: 95%;">Filing</td><td style="width: 5%;">4 PAPER NUMBER</td><td style="width: 10%;">5 DATE FILED</td><td style="width: 15%;">6 AMOUNT</td></tr> <tr><td></td><td>Amendment</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Extension of Time</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Petition</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Issue</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Maintenance</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Assignment</td><td></td><td></td><td>\$</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Other</td><td></td><td></td><td>\$ 100.00</td></tr> </table>		Filing	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT		Amendment			\$		Extension of Time			\$		Notice of Appeal/Appeal			\$		Petition			\$		Issue			\$		Cert of Correction/Terminal Disc.			\$		Maintenance			\$		Assignment			\$	<input checked="" type="checkbox"/>	Other			\$ 100.00	7 TOTAL AMOUNT OF REFUND \$ 100.00		
	Filing	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT																																																	
	Amendment			\$																																																	
	Extension of Time			\$																																																	
	Notice of Appeal/Appeal			\$																																																	
	Petition			\$																																																	
	Issue			\$																																																	
	Cert of Correction/Terminal Disc.			\$																																																	
	Maintenance			\$																																																	
	Assignment			\$																																																	
<input checked="" type="checkbox"/>	Other			\$ 100.00																																																	
10 REASON: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 5%;"></td><td style="width: 95%;">Overpayment</td></tr> <tr><td></td><td>Duplicate Payment</td></tr> <tr><td></td><td>No Fee Due (Explanation):</td></tr> </table>			Overpayment		Duplicate Payment		No Fee Due (Explanation):	8 TO BE REFUNDED BY: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 5%;"></td><td style="width: 95%;">Treasury Check</td></tr> <tr><td></td><td>Credit Deposit A/C #:</td></tr> <tr><td>9</td><td>1 9 -- 0 0 8 9</td></tr> </table>			Treasury Check		Credit Deposit A/C #:	9	1 9 -- 0 0 8 9																																						
	Overpayment																																																				
	Duplicate Payment																																																				
	No Fee Due (Explanation):																																																				
	Treasury Check																																																				
	Credit Deposit A/C #:																																																				
9	1 9 -- 0 0 8 9																																																				
11 REFUND REQUESTED BY:																																																					
TYPED/PRINTED NAME: <u>Le Puyter</u>		TITLE: <u>Proselegat</u>																																																			
SIGNATURE: <u>[Signature]</u>		PHONE: <u>308-9140 x201</u>																																																			
OFFICE:																																																					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																																																					
APPROVED: _____		DATE: _____																																																			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**